

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** __02/10/2021
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:03-19:00pm___

Members Present: Laurie Goldstein, Natalie Trainor, Larry Allen, Ashley Oddo, Kim Scherek, Melissa Farling, Dee Putty, Leon Canty
Members Absent: Alyce Klein
Other Attendees: Isaac C, anonymous

Agenda Items (Enter the related topic from the IOC's agenda)	General Description of Matters Discussed & Motions Made (Enter the related topic from the IOC's agenda)	Action Item/Assigned To/Due Date (Indicate the specific follow-up task/s or actions that need to be completed; include the name of the member assigned to the item, next steps to be taken, and the anticipated due date)
Welcome - disclosure of conflict of interest	Disclosure of Conflict of Interest Special meeting regarding new Bills.	No disclosures reported
IOC Special Meeting	Bills Proposed: SB1716 New and improved surveillance with audio in addition to video. This would be beneficial for ASH admin and the IOC as well as grievances and incident and accident reports. Suggestions include: Patient treatment plans will be written by psychiatrist using research based information, including reps, guardian, and whole team at least every 90 days. Focus on evidence based strategies and specific criteria for patients to meet goals and levels.	

	<p>Assault reduction plan addressing sexual assault.</p> <p>\$500,000 from general funds to go to ASH for surveillance plan.</p> <p>Staffing plan to achieve staffing without contracted staff use to create consistency and fidelity in practice.</p> <p>Treatment plans must be written within 30 days of enrolled.</p> <p>ASH should track transfers via the annual report. More information requested in the annual reports about patient progress, patient movement, civil vs forensic sides, reasons for transfers, length of stay in each program or location. Number of admissions, discharges, length of stay, reasons movement was denied, etc.</p> <p>Discussion/questions about the governing body and how it is structured. Who governs the governing board? Team sees it more typical to have more community members or outside party members for governing board. Suggestions in legislation included the following. Would like to see the board more diversified. Must include: psychiatrist, psychologist, chairperson of IOC, family of past/present members. Only director and superintendent can be staff from ASH to avoid conflict of interest. Governing body receives \$200.00 per meeting.</p> <p>Discussion about ASH providing more info to the governing board. Would like to see the governing board be more independent of the hospital. Many/most (reportedly 80%) members work at or are related to ASH. Discussion about the biases.</p> <p>IOC would like more information on the enrollment process and the waiting list.</p> <p>SB1030 mentioned- could possibly "get rid of" the PSRB and return cases to superior court. This</p>	
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	<p>would completely alter patient paths and where they end up for residence and service. IOC would like clarification re: how the patients get placed? Is it where they come from? Who determines units?</p> <p>Discussed instructions for speaking on bills at the state capitol kiosks. Things to mention: PSRB group issues with if it is/is not required. ASH can go and look up bills, give input, discuss instances, etc. at the kiosks re: ASH bill PSRB bill Governing Board bill</p>	
<p>Public Comment (3-minute limit per person)/Call to the Public</p>	<p>No notes are to be taken on public comment.</p>	
<p>Adjournment</p>		<p>Motion, Dee Second, Ashley Roll Call, unanimous</p>